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26263 7590 03/02/2004

SONNENSCHN NATH & ROSENTHAL LLP
 P.O. BOX 061080
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Kathryn M. Barton	(Depositor's name)
<i>Kathryn M. Barton</i>	(Signature)
April 14, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/026,306	12/18/2001	Timothy T. Kalinowski	5019-8603	7985

TITLE OF INVENTION: RIGID FOAM COMPOSITIONS AND METHOD EMPLOYING METHYL FORMATE AS A BLOWING AGENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COONEY, JOHN M	1711	521-050000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sonnenschein Nath & Rosenthal LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Foam Supplies, Inc.

Earth City, Missouri

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed. (#65505)☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3140 (enclose an extra copy of this form).

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